

Downtowners Optimist Festival Clinician Information Form

(please make 3 copies and hand in with your scores)

Name of ensemble _____

Day of Performance _____ Time of Performance _____

Name of director _____

Class and category entered _____

Number of years at the same school/ area _____

Number of schools that you teach in _____

Number of years teaching experience _____

Number of rehearsals per week _____

Length of rehearsal _____ # of students _____

Number of schools represented in this ensemble _____

Average age or grade of the ensemble _____

What (if any) are major concerns/ frustrations / other information

Biographical Sketch of the ensemble in the past two / three years
